

TABLE A-IV/2 _____ Record of Assessment
Specification of minimum standard of competence in GMDSS for SART Operation

Name _____ Soc. Sec. No. _____ / _____ / _____

Column 1 STCW Competence	Column 2 Performance Objectives	Column 3 Performance Measures (Mariner knowledge or action including consequences of same) Demonstration or Oral/Written Exam	Column 4 Performance Standards (Criteria against which performance is measured)	Date Of Assessment	Assessor's Initials	T / P
1. TESTING	4.2.1	1A. TEST UNIT BY OPERATING THE PROPER CONTROLS. 1B. DESCRIBE PRECAUTIONS TO TAKE. 1C. DESCRIBE RESULTS EXPECTED.	1A. CORRECT CONTROL AND PROCEDURE USED. 1B. TEST VERY BRIEFLY TO PREVENT INTERFERENCE TO OTHER VESSELS RADAR. 1C. DESCRIBE INDICATING LAMPS AND RADAR DISPLAY. (12 CONCENTRIC CIRCLES.)			
2. ACTIVATING	4.2.1	2A. DEMONSTRATE HOW TO ACTIVATE BY OPERATING THE PROPER CONTROL. 2B. DESCRIBE RESULTS EXPECTED.	2A. CORRECT CONTROL AND PROCEDURE USED. 2B. DESCRIBE INDICATING LAMPS.			
3. INTERRO- GATION RESULTS.	4.2.1	3A. DEMONSTRATE AND EXPLAIN EXPECTED RESULTS WHEN SART IS INTERROGATED.	3A. INDICATE ANY INDICATOR LAMPS AND/OR AUDIBLE ALARMS AND CHANGES EXPECTED. CHANGE IN COLOR OF INDICATOR LAMPS.			
4. MOUNTING IN SURVIVAL CRAFT	4.2.1	4A. DESCRIBE PROPER MOUNTING OF SART IN A SURVIVAL CRAFT.	4A. SART MUST BE MOUNTED VERTICAL AND AS HIGH AS POSSIBLE.			
5. DEACTIVATE.	4.2.1	5A. DESCRIBE HOW TO DEACTIVATE AND SECURE THE SART.	5A. CORRECT CONTROL AND PROCEDURE USED.			
6. BATTERY	4.2.1	6A. LOCATE THE EXPIRATION DATE OF THE BATTERY AND EXPLAIN REPLACEMENT REGULATIONS. 6B. STATE BATTERY OPERATING LIFE IN BOTH STANDBY AND ACTIVE MODES.	6A. LOCATES THE BATTERY EXPIRATION DATE LABEL AND KNOWS THE BATTERY LIFE IS 5 YEARS. 6B. KNOWS STANDBY IS 96 HRS. AND ACTIVE IS 8 HOURS.			

T/P Column – T designates that this competency will be evaluated with a written test question and is not evaluated on this form but the score will be marked on the last sheet of this form, P designates that this competency will be evaluated with a practical skills evolution.

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Name _____ Soc. Sec. No. _____ / _____ / _____

Identification Page

Written evaluation score _____ on an exam conducted on _____ / _____ / _____ at _____

and proctored and graded by _____ Proctor's Identification Number _____

The individual(s) identified here confirm that his or her initials certify they witnessed the practical demonstration of a particular task or skill by the candidate.

Assessor's Initials	Assessor Printed Name	Assessor Signature	Assessor's License or ID number	Organization or Vessel